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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 71609 US 02

First Named Inventor McLaughlin et al.

COMPLETE IF KNOWN

Application Number 10/672,825

Filing Date 09/26/2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGES, PACKAGING SYSTEMS, METHODS FOR PACKAGING AND APPARATUS FOR PACKAGING

(Title of Invention)

the specification of which

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 09/26/2003 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional Provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/447,440	02/14/2003	

[Page 1 of 1]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 USC 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Michael J. Blake	37,096	Eric D. Middlemas	53,325
Betty J. Boshears	33,864	Polly C. Owen	44,991
Dennis V. Carmen	35,007	Steven A. Owen	50,355
Michael K. Carrier	42,391	Jonathan D. Wood	39,076
Bernard J. Graves, Jr.	33,239		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto

Direct all correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
Michael Ray	McLaughlin

Inventor's Signature

Michael Ray McLaughlin

Date *December 02, 2003*

Residence: City	State	Country	Citizenship
Kingsport	Tennessee	U.S.A.	U.S.A.

Mailing Address

201 Forest Hills Dr

City	State	ZIP	Country
Kingsport	Tennessee	376632215	U.S.A.

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

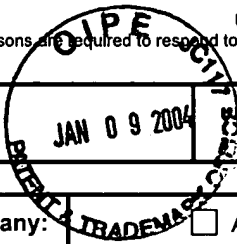
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Charles Duane		Mullins	
Inventor's Signature <u>Charles Duane Mullins</u> Date <u>DECEMBER 2, 2003</u>			
Residence: City	State	Country	Citizenship
Kingsport	Tennessee	U.S.A.	U.S.A.
Mailing Address 149 Regency Drive			
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Kingsport	Tennessee	37663	U.S.A.
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Charles Clifton		Sanders	
Inventor's Signature <u>Charles Clifton Sanders</u> Date <u>December 8, 2003</u>			
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Gray	Tennessee	U.S.A.	U.S.A.
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Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Hillard Birdell		Smithers, III	
Inventor's Signature <u>Hillard Birdell Smithers III</u> Date <u>December 3, 2003</u>			
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Johnson City	Tennessee	37604	U.S.A.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Gregory Kyle		Nelson	
Inventor's Signature <u><i>Gregory Kyle Nelson</i></u> Date <u>December 02, 2003</u>			
Residence: City	State	Country	Citizenship
Blountville	Tennessee	U.S.A.	U.S.A.
Mailing Address			
128 Barefoot Landing Drive			
City	State	ZIP	Country
Blountville	Tennessee	37604	U.S.A.
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature _____ Date _____			
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature _____ Date _____			
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country